

**DRIVER'S
APPLICATION FOR EMPLOYMENT**

Company Transit Connection, Inc.

Address MV Airport Business Park

R. R. 1 Box 3

City Edgartown State MA Zip 02539

In compliance with Federal and State equal employment opportunity laws, qualified applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital status, or non-job related disability.

Date of Application _____

Position(s) Applied for _____

Name _____ Social Sec. No. _____
Last First Middle

Phone Number: _____ Email: _____

List your addresses of residency:

Current Address	_____		_____	_____
	Street	City	Phone	How Long?
Previous Addresses	_____	_____	_____	_____
	State	Zip Code		
	_____	_____	_____	_____
	Street	City		How Long?

Do you have the legal right to work in the United States? _____

Date of Birth ____/____/____ Can you provide proof of age? _____
(Required for Commercial Drivers)

Have you worked for this company before? _____ Where? _____

Dates: From _____ To _____ Rate of Pay _____ Position _____

Reason for leaving _____

Are you now employed? _____ If not, how long since leaving last employment? _____

Who referred you? _____ Rate of pay expected _____

Is there any reason you might be unable to perform the functions of the job for which you have applied (as described in the attached job description)?

If yes, explain if you wish. _____

EMPLOYMENT HISTORY

All driver applicants to drive in interstate commerce must provide the following information on all employers during the preceding three (3) years. List complete mailing address, street number, city, state and zip code.

Applicants to drive a commercial motor vehicle* in intrastate or interstate commerce shall also provide an additional 7 years' information on those employers for whom applicant operated such vehicle. (NOTE: List employers in reverse order starting with the most recent. Add another sheet as necessary.)

EMPLOYER	DATE
Name	From: To:
Address	Position Held
City State Zip	Salary/Wage
Contact Person Phone Number	Reason for Leaving

EMPLOYER	DATE
Name	From: To:
Address	Position Held
City State Zip	Salary/Wage
Contact Person Phone Number	Reason for Leaving

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Name	From: To:
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Contact Person Phone Number	Reason for Leaving

*Includes vehicles having a GVWR of 26,001 lbs. Or more, vehicles designed to transport 15 or more patrons, or any size vehicle used to transport hazardous materials in a quantity requiring placarding.

Accident Record for Past Three (3) Years or More (Attach Sheet if More Space is Needed) If None, Write "None"

DATES	NATURE OF ACCIDENT (Head-on, Rear-end, Upset, Etc.)	FATALITIES	INJURIES
Last Accident _____	_____	_____	_____
Next Previous _____	_____	_____	_____
Next Previous _____	_____	_____	_____

Traffic Convictions and Forfeitures for the Past 3 Years (Other than Parking Violations) If None, Write None

Location	Date	Charge	Penalty
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

(ATTACH SHEET IF MORE SPACE IS NEEDED)

EDUCATION

Circle Highest Grade Completed: High School: 1 2 3 4 College: 1 2 3 4

Last School Attended _____
(Name) (City)

EXPERIENCE AND QUALIFICATIONS – DRIVER LICENSES

STATE	LICENSE NO.	TYPE	EXPIRATION DATE
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

A. Have you ever been denied a license, permit or privilege to operate a motor vehicle?
Yes _____ No _____

B. Has any license, permit or privilege ever been suspended or revoked?
Yes _____ No _____

IF THE ANSWER TO EITHER A OR B IS YES, ATTACH STATEMENT GIVING DETAILS

DRIVING EXPERIENCE - If None, Write "None"

Class of Equipment	Type of Equipment (Van, Tank, Flat, Etc.)	Date From	Date To	Approx. No. of Miles (Total)
Straight Truck	_____	_____	_____	_____
Tractor and Semi	_____	_____	_____	_____
Tractor – Two Trailers	_____	_____	_____	_____
Motorcoach-School Bus	_____	_____	_____	_____
Other	_____	_____	_____	_____

LIST STATES OPERATED IN FOR LAST (5) FIVE YEARS _____

SHOW SPECIAL COURSES OR TRAINING THAT WILL HELP YOU AS A DRIVER: _____

WHICH SAFE DRIVING AWARDS DO YOU HOLD AND FROM WHOM? _____

EXPERIENCE

Show any trucking, transportation or other experience that may help in your work for this company

List courses and training other than shown elsewhere in this application

List special Equipment or technical materials you can work with (Other than those already shown)

Race/Ethnicity – Please check one or more boxes. Leave blank if you do not wish to supply this information:

- | | |
|---|--|
| <input type="checkbox"/> American Indian or Alaska Native | <input type="checkbox"/> Native Hawaiian or Other Pacific Islander |
| <input type="checkbox"/> Asian | <input type="checkbox"/> Hispanic/Latino |
| <input type="checkbox"/> Black or African American | <input type="checkbox"/> White |

Please email (dmorris@vineyardtransit.com), fax (508-693-3975), or drop off your application to the VTA (11 A Street – Business Park), Edgartown. This position is subject to alcohol and controlled substance testing.

To be read and signed by the Applicant:

This certifies that this application was completed by me, and that all entries on it and information in it are true and complete to the best of my knowledge. In the event of employment, I understand that false or misleading information given in my application or interview may result in discharge. I understand, also, that I am required to abide by all rules and regulations of TCI.

Applicant's Signature

Date